

Below is the information to complete the *UB-04* Outpatient practice activity correctly.

Note: Field values are for reference only. Enter field information on the claim form in the required format.

Description	Field Value
Clinic information	LA Radiology 1600 Green Mountain Los Angeles, CA 99999-1254
Type of bill code	731
Patient's name	Mary White
Patient's birth date	January 30, 1956
Patient's gender	F
Condition code	Y0
Total charge line code	001
Procedure code description	Chest X-ray
Procedure code and modifier	710.20 ZS
Service date	October 7, 2007
Number of times procedure was administered	1
Total charges for service	\$27.00
Total charges for all services	\$27.00
Type of claim and payer	O/P MEDI-CAL
Billing provider's NPI number	0123456789
Billing provider's Medi-Cal provider number	XXX987654
Recipient ID number	90000000A95001
ICD-9-CM code	487.0
Referring physician's NPI number	0987654321
Referring physician's Medi-Cal provider number	XXX123456
Rendering physician's NPI number	1234567890
Rendering physician's Medi-Cal provider number	XXX654321